

**Rule 298. Application for Waiver of Court Fees**

**RULE 298 CERTIFICATION FOR WAIVER OF FEES REPRESENTATION BY CIVIL LEGAL SERVICES PROVIDER OR COURT-SPONSORED PRO BONO PROGRAM**

Pursuant to Supreme Court Rule 298, the undersigned counsel hereby certifies that he/she is an attorney for \_\_\_\_\_ (*name of organization or court program*), a civil legal services provider or court-sponsored pro bono program as defined in 735 ILCS 5/5-105.5(a), and that \_\_\_\_\_ (*name of organization or court program*) has made the determination that \_\_\_\_\_ (*name of party*) has income of 125% or less of the current official poverty guidelines or is otherwise eligible to receive services under the eligibility guidelines of the civil legal services provider or court-sponsored pro bono program. As a result, under Supreme Court Rule 298, \_\_\_\_\_ (*name of party*) is eligible to sue or defend without payment of fees, costs or charges as defined at 735 ILCS 5/5-105(a)(1).

\_\_\_\_\_  
Attorney Certification

Name of Organization or Court Program: \_\_\_\_\_  
Attorney Name \_\_\_\_\_  
Attorney No. \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

# Application for Waiver of Court Fees

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  <b>COUNTY</b>	<b>APPLICATION FOR WAIVER OF COURT FEES</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b>	<p style="margin-top: 20px;"><b>Plaintiff / Petitioner</b> <i>(First, middle, last name)</i></p> <p style="margin-top: 20px;">v.</p> <hr style="border: 0.5px solid black;"/> <p><b>Defendant / Respondent</b> <i>(First, middle, last name)</i></p>	<hr style="border: 0.5px solid black;"/> <p style="text-align: center;"><b>Case Number</b></p>
Enter above the county name where the case was filed.		
Enter the name of the person who started the lawsuit as Plaintiff/Petitioner.		
Enter the name of the person being sued as Defendant/Respondent.		
Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.		

<p><b>In 1a, enter your full name. If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information.</b></p>
<p>In 1b, only enter the year you were born. <b>DO NOT</b> enter your entire date of birth.</p>
<p>In 1c, enter your complete current address.</p>
<p>In 2a, enter the number of people age 18 and older living in your house who you support. Support means that the people rely on you financially.</p>
<p>In 2b, enter the number of people under age 18 living in your house who you support.</p>
<p>In 3, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.</p>
<p>If you check "Yes" in 3, skip 4 and sign the form.</p>

**Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state:**

**1. I am providing the following information about myself:**

- a. Name: *First* *Middle* *Last*
- b. Year of Birth:
- c. Street Address:  
City, State, ZIP:
- d. I believe I cannot afford to pay the court fees in this case.

**2. I am providing the following information about people who live with me:**

- a. I support adults *(not counting myself)* who live with me.
- b. I support children under 18 who live with me.

**3. I have received 1 or more of the benefits listed below in the past 4 weeks:**

- Yes     No
- Supplemental Security Income (SSI) (Not Social Security)
  - Aid to the Aged, Blind and Disabled (AABD)
  - Temporary Assistance to Needy Families (TANF)
  - State Children & Family Assistance
  - Food Stamps (SNAP)
  - General Assistance (GA)
  - Transitional Assistance

**\*\*If you answered "Yes" in section 3, skip section 4 and sign the form.\*\***

In **4a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

In **4b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In **4c**, check the box for each type of money you have received in the past 12 months. For each type, enter the total amount received in the past 12 months before taxes.

Include the money received by the people you support who live with you.

In **4d**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

**4. I checked "No" in section 3, so I am providing the following financial information:**

a. I have applied for 1 or more of the benefits listed in section 3:

Yes     No

b. I receive the following money each month. This includes money received by people I support who live with me. *(check all that apply)*

<input type="checkbox"/> My employment: \$	<input type="checkbox"/> Other people's employment: \$
<input type="checkbox"/> Child support : \$	<input type="checkbox"/> Social Security (not SSI): \$
<input type="checkbox"/> Pension: \$	<input type="checkbox"/> Unemployment: \$
<input type="checkbox"/> Other <i>(list type and amount)</i> :	\$
<input type="checkbox"/> No income	

Total of all money received: \$

c. I received the following total amount of money in the past 12 months. This includes money received by people I support who live with me. *(check all that apply)*

<input type="checkbox"/> My employment: \$	<input type="checkbox"/> Other people's employment: \$
<input type="checkbox"/> Child support: \$	<input type="checkbox"/> Social Security (not SSI): \$
<input type="checkbox"/> Pension: \$	<input type="checkbox"/> Unemployment: \$
<input type="checkbox"/> Other <i>(list type and amount)</i> :	\$
<input type="checkbox"/> No income	

Total of all money received: \$

d. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. *(check all that apply)*

<input type="checkbox"/> Rent: \$	per month
<input type="checkbox"/> Home Mortgage: \$	per month
<input type="checkbox"/> Other Mortgage: \$	per month
<input type="checkbox"/> Utilities: \$	per month
<input type="checkbox"/> Food: \$	per month
<input type="checkbox"/> Medical: \$	per month
<input type="checkbox"/> Car Loan: \$	per month
<input type="checkbox"/> Other <i>(list type and amount)</i> :	\$ per month
<input type="checkbox"/> I have no expenses	

Total of all expenses: \$

In **4e**, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

e. I have the belongings listed below. This includes the belongings of the people I support who live with me. (*check all that apply*)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bank accounts and cash totaling:                             | \$                                       |  |
| <input type="checkbox"/> Home real estate, worth:                                     | \$                                       |  |
| The total I owe on my home mortgage is:   |  | \$   |
| <input type="checkbox"/> Other real estate, not including the house I live in, worth: | \$                                       |  |
| The total I owe on my other mortgage is:  |  | \$   |
| <input type="checkbox"/> 1 <sup>st</sup> vehicle worth: \$                            | The 1 <sup>st</sup> vehicle is paid off: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 2 <sup>nd</sup> vehicle worth: \$                            | The 2 <sup>nd</sup> vehicle is paid off: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other ( <i>list items and value</i> ):                       |  | \$   |
| <input type="checkbox"/> None of the above  |  |  |

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

After you finish this form, sign and print your name.

Enter the complete current address and telephone number of the person who filled out this form.

If you are filling out this form for a minor or an incompetent adult, state your relationship.

**I certify that everything in the *Application For Waiver Of Court Fees* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

*Your Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Relationship to Minor or Incompetent Adult (if applicable)*

\_\_\_\_\_  
*Telephone*

